Γ					Application or Docket Number										
	PATEN	ORE	19/11/3/11/												
ŀ		-		otive wor			78 .			(<u>) </u>	410	2919	_	٠
		CL		IS FILED		SMAL		ИПТҮ		OTHE	R TH				
F	OR		(Column 1) NUMBER FILED			(Column 2) NUMBER EXTRA			TYPE -			OR SMALLEN			ΠY
-		·	- TOMOLISTICED			NOMBER EXITA			RATE FEE		4	RATE	FI	EE	
BASIC FEE										_ 4	<i>HDU U</i>	OR		2	
TOTAL CLAIMS			// minus 20=			•			X\$ 9=		OR	X\$18=	B=		
INDEPENDENT CLAIMS			minus 3 =			•			X39=			OR	X78=	 	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=	_		OR		1-		
* If the difference in column 1 is less than zero, enter *0" in column 2						column 2		TOTAL	4		- ```	l	 		
									IOIAL	- L		JOR		<u> </u>	
_	4.4.05	{Colu	ımn 1) NMS	· · · · · · · ·	(C	olumn 2)	(Column 3)	L	LIAMS	LEN	iπγ	OR	OTHER SMALL	ENTI	N N
AMENDMENT A		REMA	ums Uning Teri	i i		HIGHEST NUMBER	PRESENT] [VDDI-]		AD	
			DMENT	<u>.</u>		EVIOUSLY WID FOR	EXTRA		RATE		ONAL FEE		RATE	TION	
	Total •	. 8	t	Minus	**	20	=		X\$ 9=	T		OR	X\$18=		
A	Independent	e 4	NOCAR	Minus	***	3	=		X39=	1	+-	OR	X78=		
	FIRST PRES	BIIAIIO	M OF MI	JUILIPLE DE	PEND	ENT CLAIM		1		1-	+	UK			\dashv
	•					•		L	+180=	<u> </u>	١	OR	+260=		
		10 -1				•			TOTAL DOIT, FEE			OR	TOTAL ADDIT, FEE		
		(Column 1) (Column 2) (Column 3) CLAMS HIGHEST													
D =:	•	REMA			PRE	TUMBER EVIOUSLY AID FOR	PRESENT EXTRA		PATE		ADDI-			ADE	
CME		AMENIC	MENT								EE ONAL		RATE.	TION	
	Total	•		Minus	•		.		X\$ 9=	T		OR	X\$18=	70 0 €.	
ξĮ	Independent			Minus ***				-	X39=						
	FIRST PRESE	NOTATIVE	OF MU	LTIPLE DEF	END	NT CLAIM		-	~>3=	_	<u></u>	OR	X78=	i	
								L	+130=			OR	+260=		
							AD	TOTAL OIL FEE			OR ,	TOTAL UDOTT, FEE			
(Column 1) (Column 2) -(Column 3)															
2		REMAI	NING		N	GHEST UMBER	PRESENT	Γ		AL	DDI-	ſ		ADD	у-
1		AMEND	MENT			MOUSLY ID FOR	EXTRA		RATE		TONAL		RATE	TION	
: }	Total	4 -		Minus	••		E		X\$ 9=	-	•		X\$18=		
L	ndependent	•		Minus	.001		E .	╟	X 39=	-		OR		<u> </u>	-
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	OR	X78=		_
K	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."											OR ·	4260=	•	[
	the Withart Ma	AD	TOTAL DIT. FEE		3	DR ,	TOTAL DOIL FEE								
11	he Highest Num	ber Previo	sty Paid	For (Total or	insept	uneut) (F. Ave) C is rest first	nghest number	'found	in the an	0000	leté fin-	hai	DOLLIEEL mail	j., e	
						•- •					ينبر	41 0000	ija na d e .		1